

# North Carolina Medicaid Bulletin

*An Information Service of the Division of Medical Assistance*

*Published by EDS, fiscal agent for the North Carolina Medicaid Program*

**Number 2**

**February 1997**

## **Attention: Dental Providers**

### **Correction of October 1996 Medicaid Bulletin article entitled "Attending provider number requirement"**

The October 1996 article titled "Attending provider number requirement" incorrectly identified the claim form blocks to be used by dental providers. The correct information follows:

Dental claims processed using a group provider number in block 13 (group number field) of the dental claim form are also required to identify the rendering dentist by entering a valid and current attending provider number in block 1 (attending number field) on the dental claim form.

**EDS**

**1-800-688-6696 or 919-851-8888**

## **Attention: All Providers**

### **Holiday observance**

The Division of Medical Assistance (DMA) and EDS will be closed on Friday, March 28, 1997, in observance of Good Friday.

**EDS**

**1-800-688-6696 or 919-851-8888**

## **Attention: Dialysis Facilities**

### **Additional drug coverage - Urokinase 5,000 Units, HCPC code J3364**

Urokinase 5,000 Units can be reimbursed separately when billed by dialysis facilities on the UB-92 claim form. To bill, use Revenue Code 250 in form locator 42, and HCPCS code J3364 in form locator 44. The number of units must be in form locator 46, and the total charge must be in form locator 47. Reimbursement will be based on the fee allowed for physicians for the individual HCPC code. Please add this code to the injectable drug list published in the April 1995 Special Medicaid Bulletin.

**EDS**

**1-800-688-6696 or 919-851-8888**

***Providers are responsible for informing their billing agency of information in this bulletin.***

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**Attention: Independent Laboratories,  
Private Diagnostic Clinics,  
Hospitals, Dialysis Facilities,  
Physicians**

**Diagnosis coding for laboratory services**

Effective with the dates of service beginning April 1, 1997, claims for laboratory services submitted by Independent Laboratories, Private Diagnostic Clinics (PDCs), Hospitals, Dialysis Facilities, and physicians without an ICD-9-CM diagnosis code establishing medical necessity will be denied. Use of the generic V726 diagnosis code by these provider types will not be accepted after March 31, 1997. Claims will be denied with an EOB stating: "An ICD-9 CM diagnosis code supporting the medical necessity of this service must be submitted on the claim. Refile with the appropriate diagnosis code."

**EDS**

**1-800-688-6696 or 919-851-8888**

**Attention: DME Providers**

**Rental rate for insulin pump**

Effective with the dates of service beginning December 1, 1996, HCPCS code E0784, "external ambulatory infusion pump, insulin" can be provided for patients with gestational diabetes only on a rental basis. These patients must meet the criteria for medical necessity which were published in the December 1996 Medicaid Bulletin. Prior approval is required. If the patient requires continued use of the insulin pump post-partum, prior approval will again be required. If that approval is given, the monthly rental payments will continue and the combined payments for the gestational and post-partum rentals will "cap" at the purchase price. The maximum reimbursement rate is \$332.26 per month and covers all supplies required by the patient for use with the pump.

**Debbie Barnes, Financial Operations  
DMA, 919-733-6784**

**Melody B. Yeargan, P.T., Medical Policy  
DMA, 919-733-9434**

**Attention: Electronic Billers**

**Time limit override requests**

The Division of Medical Assistance (DMA) frequently receives requests to waive the federally mandated 12 month billing time limit for claims filing. One reason for the requests is that providers discover an electronic transmission was not acknowledged or processed, or claims on a transmission were not received.

Providers submitting electronically receive a confirmation that the transmission was successful or that the transmission failed. Vendors also receive a confirmation of a successful or failed transmission. If there is a question regarding the receipt of the transmission, contact the ECS Unit at EDS at 1-800-688-6696 (menu option 1), or 919-851-8888. You must provide the analyst with the LOGON ID and the date of transmission or the transmission number.

It is the provider's responsibility to submit claims timely and to follow-up within the time limit for claims not reported on the remittance report. If there is no indication on the remittance report that the claim was received, providers may use the EDS Voice Inquiry System, 1-800-723-4337, to determine the status of the claim. If the claim has not been received by EDS, providers should resubmit immediately to prevent denial for timely filing.

DMA has extremely limited authority to override the time limit when eligibility was not approved within the year or for court decisions or hearings which authorize eligibility retroactively. Failure of the provider to file and follow-up timely is not basis for override and will result in denial of claims.

**EDS**

**1-800-688-6696 or 919-851-8888**

**Attention: Health Check Providers  
(excluding Health Departments)**

**Increase in reimbursement rates**

Effective with dates of service beginning January 1, 1997, the reimbursement rate for Health Check screenings for children birth through 20 is \$73.63, an increase of 1.7 percent. New fee schedules are available. Refer to the December 1996 Medicaid Bulletin for ordering fee schedules.

**Pam Sanders, Financial Operations  
DMA, 919-733-6784**

## Attention: All Providers

### 1997 CPT updates

The new 1997 CPT codes and reimbursement rates have been entered into the Medicaid system. Effective with dates of service beginning January 1, 1997, Medicaid providers may bill the 1997 CPT codes.

Claims filed with obsolete 1996 CPT codes for dates of service January 1, 1997 through March 31, 1997, will be accepted for processing. Dates of service on and after April 1, 1997, must be filed with 1997 CPT codes.

The 1997 CPT code requiring further review by the Division of Medical Assistance is 59866 "Multifetal Pregnancy Reduction(s)". Currently this code is non-covered.

### The 1997 CPT codes that are "non-covered" are:

- 43496\* Free jejunum transfer with microvascular
- 49906\* Free omental flap with microvascular anastomosis
- 90875 Individual psychophysiological therapy incorporating Biofeedback training by any modality, 20-30 minutes
- 90876 Individual psychophysiological therapy incorporating Biofeedback training by any modality, 45-50 minutes
- 90901 Biofeedback training by any modality
- 97504 Orthotics fitting and training, upper and/or lower extremities, each 15 minutes
- 98943 Chiropractic manipulative treatment (CMT); extraspinal, one or more regions

\* Denotes bundled codes. These codes are included in other surgical codes

**EDS**

**1-800-688-6696 or 919-851-8888**

## Attention: Labs

### Changes in reimbursement rates

New lab rates are effective with dates of service beginning January 1, 1997. A 1.7 percent increase has been implemented not to exceed the national Medicare cap. A rate decrease has been implemented for lab codes in which the current rate exceeded the 1997 national Medicare cap. New fee schedules are available. Refer to the December 1996 Medicaid Bulletin for ordering fee schedules.

**Pam Sanders, Financial Operations**  
**DMA, 919-733-6784**

## Attention: Physicians and Dentists

### Increase in reimbursement rates

Effective with dates of service beginning January 1, 1997, reimbursement rates were increased by 1.7 percent. New fee schedules are available. Refer to the December 1996 Medicaid Bulletin for ordering fee schedules.

**Pam Sanders, Financial Operations**  
**DMA, 919-733-6784**

## Attention: DME Providers

### Coverage of non-sterile gloves

Non-sterile gloves supplied by DME providers are reimbursable if used by the patient or caregiver in the patient's home when prescribed by the physician for use with a patient-owned item of DME. This policy is in Section 6.1.2 of the Durable Medical Equipment Manual. For example, if a patient owns a suction machine and the physician orders the use of non-sterile gloves during suction of mucus from the patient's tracheostomy, the gloves would be covered. DME providers may not bill Medicaid for non-sterile gloves supplied to adult care homes for use by the staff to meet OSHA requirements.

**EDS**

**1-800-688-6696 or 919-851-8888**

**Attention: Home Health Agencies  
Private Duty Nursing Agencies  
CAP Case Managers**

**Coverage of non-sterile gloves**

DMA has received questions about the coverage of non-sterile gloves. The policy on Home Health medical supplies is in Section 5.1.6 of the Community Care Manual. The questions commonly fall into two areas - the use of gloves as protective barriers (such as for OSHA requirements) and the use of gloves for physician ordered medical treatments.

**Non-sterile gloves as protective barriers**

1. Home health agencies may provide non-sterile gloves to family members and similar caregivers to carry out transmission-based precautions (formerly "universal precautions") only if the caregiver is in contact with the patient's blood or other potentially infectious body fluids. The primary focus is on Hepatitis B and HIV. The gloves must be specifically ordered by the physician with those conditions cited.
2. Non-sterile gloves are not covered for family members and similar caregivers for routine personal and related care, such as wearing gloves to give a bath or to handle soiled linen or clean a bedside commode, in the absence of the above conditions.
3. Non-sterile gloves are considered routinely a part of patient care when used by a provider and are considered an overhead cost. Non-sterile gloves to meet OSHA requirements are not covered.
4. Home health agencies may not provide non-sterile gloves for use by adult care homes, such as rest homes, to meet OSHA requirements.

**Non-sterile gloves for physician ordered medical treatments**

1. Home health agencies may provide gloves to family members and caregivers to carry out specifically ordered treatments, such as dressing changes, suctioning or in and out catheterizations utilizing clean technique. The gloves must be specifically ordered by the physician. The supply would be covered for a rest home patient just like other supplies specifically for a medical treatment.
2. Non-sterile gloves for use by home health agency staff to carry out specifically ordered treatments, such as dressing changes, suctioning or in and out catheterizations utilizing clean technique, are covered. Again, the gloves must be specifically ordered by the physician as part of the plan of treatment.

**EDS**

**1-800-688-6696 or 919-851-8888**

## Attention: Physician Providers

### Prior Approval for outpatient psychiatric services

Many outpatient prior approval forms are being returned to the providers for additional information, delaying the completion of the prior approval process. When completing a request form for psychiatric outpatient prior approval, please be sure the following information requirements are included on the request form:

- |            |   |
|------------|---|
| Blocks 1-7 | Complete all blocks as indicated on form. If the request is for an extension, show dates of previous approvals. (Note: Requests for extensions must include a summary of the patient's progress.)       |
| Block # 8  | List symptoms, and give dates of onset and duration.  |
| Block # 9  | Enter the written description of diagnosis or diagnosis code.   |
| Block # 11 | Indicate specific measurable goals, treatment plan ( <b>including medications</b> ), and CPT code.  |
| Block # 14 | Enter the license number of the psychologist if services are provided under the supervision of the physician. The psychologist must have a Ph.D. or M.A. and be licensed to practice in North Carolina. |
| Block # 19 | Include the seven-digit Medicaid provider number with the physician's signature. This provider number should be the same number used for billing.   |

Prior approval is required after the first two visits. This gives the physician an opportunity to evaluate the needs of the patient and request prior approval for further treatment if necessary.

All outpatient visits made to physicians for the purpose of psychiatric evaluation and/or treatment are considered office visits. These visits are counted toward the 24 visit limit per year on all ambulatory medical visits for Medicaid eligible recipients over the age of 21. (Medicaid eligible children ages 0-21 are exempt from the 24 visit limitation.) For children age 0-21, prior approval can be granted for a maximum of six months. For adults, prior approval can be granted up to a maximum of 12 months.

**Reminder:** Prior approval is not required for area mental health center visits, nor is there a 24 visit limitation.

Prior approval is based on medical necessity and constitutes medical approval for services only. Eligibility for service dates should be verified from the recipient's Medicaid ID card or through the Voice Inquiry System, 1-800-723-4337, before the service is rendered.

### Prior approval for CPT code 90862

Effective with claims processed 2/1/97, CPT code 90862, "Pharmacologic management, including prescription, use, and the review of medication with no more than minimal medical psychotherapy", will no longer require prior approval. The code will be limited to once every 30 days, and will be counted as an encounter against the recipient 24 visit limitation for recipients over age 21.

Any prior approval requests received at EDS for this service will not be processed and will not be returned to the provider.

**EDS**

**1-800-688-6696 or 919-851-8888**

## Attention: Eye Care Providers

### Individual visits

EDS is offering individual provider visits for all Eye Care Providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

(cut and return request form only)

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Eye Care Provider Visit Request Form  
(No Fee)

Provider Name _____	Provider Number _____
Address _____	Contact Person _____
City, Zip Code _____	County _____
Telephone Number _____	Date _____

List any specific concerns you would like us to address in the space provided below:

Return to:      Provider Relations  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

**Attention: Certified Registered Nurse Anesthetist Providers****Individual visits**

EDS is offering individual provider visits for all Certified Registered Nurse Anesthetist (CRNA) Providers. If there are any questions regarding general Medicaid guidelines, policy changes, billing information, or claims follow-up procedures, please complete and return the form below. An EDS Provider Representative will contact you to schedule a visit.

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(cut and return request form only)

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CRNA Provider Visit Request Form  
(No Fee)

Provider Name _____	Provider Number _____
Address _____	Contact Person _____
City, Zip Code _____	County _____
Telephone Number _____	Date _____

List any specific concerns you would like us to address in the space provided below:

Return to:      Provider Relations  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

## **Attention: Ambulance Providers**

### **Seminars**

Ambulance seminars will be held in April 1997. The March Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

Ambulance Provider Representative  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

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## **Attention: Obstetrics and Gynecology Providers**

### **Seminars**

Obstetrics and Gynecology (OB/GYN) seminars will be held in April 1997. The March Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

OB/GYN Provider Representative  
EDS  
P.O. Box 300009  
Raleigh, NC 27622



**Attention: Health Check Providers (Excluding Health Department)****Seminar schedule**

Seminars for Health Check providers will be held in March 1997. Medicaid billing supervisors, office managers, and billing personnel are encouraged to attend. This seminar will focus on program coverage, coding, claim form completion, free vaccine program, and follow-up on the most commonly identified denials.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration. **Pre-registration is strongly recommended.**

Directions are available on page 11 of this bulletin.

**Tuesday, March 4, 1997**

A-B Technical College  
340 Victoria Road  
Asheville, NC  
*Auditorium*

**Wednesday, March 12, 1997**

Wake Medical Center  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC  
*(Park at WakeField Shopping Ctr)*

**Thursday, March 20, 1997**

Martin Community College  
Kehakee Park Road  
Williamston, NC  
*Auditorium*

**Thursday, March 6, 1997**

Catawba Valley Technical College  
Highway 64-70  
Hickory, NC  
*Auditorium*

**Thursday, March 13, 1997**

Fayetteville Area Health Education  
1604 Owen Drive  
Fayetteville, NC  
*Medical Training Auditorium  
(2nd Floor)*

**Tuesday, March 25, 1997**

Comfort Suites  
215 Wintergreen Drive  
Lumberton, NC  
*A/B Meeting Room*

**Tuesday, March 11, 1997**

Ramada Inn  
2703 Ramada Road  
Burlington, NC  
*Carolina Room*

**Wednesday, March 19, 1997**

Holiday Inn  
4903 Market Street  
Wilmington, NC  
*Entourage Room*

(cut and return registration form only)

Health Check Provider Seminar Registration Form

(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ persons will attend the seminar at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

Return to: Provider Relations  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

## Attention: Durable Medical Equipment Suppliers

### Seminar schedule

Seminars for Durable Medical Equipment (DME) suppliers will be held in March 1997. This seminar will focus on Medicaid guidelines for DME Equipment and Supplies, Prior Approval, Certificate of Medical Necessity, Claims Filing, and Post Payment Review.

**Note: Suppliers are requested to bring the current North Carolina Durable Medical Equipment manual to the seminar as a reference source. Additional manuals will be available for purchase at \$12.00.**

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration. **Pre-registration is strongly recommended.**

Directions are available on page 11 of this bulletin.

#### Thursday, March 6, 1997

Holiday Inn  
4903 Market Street  
Wilmington, NC  
*Entourage Room*

#### Tuesday, March 11, 1997

Martin Community College  
Kehakee Park Road  
Williamston, NC  
*Auditorium*

#### Thursday, March 13, 1997

A-B Technical College  
340 Victoria Road  
Asheville, NC  
*Auditorium*

#### Monday, March 17, 1997

Wake Medical Center  
MEI Conference Center  
3000 New Bern Avenue  
Raleigh, NC  
*(Park at WakeField Shopping Ctr)*

#### Wednesday, March 19, 1997

Ramada Inn Airport Central  
515 Clanton Road  
Charlotte, NC

#### Wednesday, March 26, 1997

Holiday Inn North-Coliseum  
3050 University Parkway  
Winston-Salem, NC  
*Exchange Room*

(cut and return registration form only)

### DME Provider Seminar Registration Form

(No Fee)

Provider Name \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ persons will attend the seminar at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

Return to: Provider Relations  
EDS  
P.O. Box 300009  
Raleigh, NC 27622

## **Attention: All Providers**

### **Directions to the DME and Health Check Seminars**

Registration forms for these workshops are on pages 9-10 of this bulletin.

#### **A-B TECHNICAL COLLEGE, ASHEVILLE**

*Tuesday, March 4, 1997 - Health Check Seminar*

*Thursday, March 13, 1997 - DME Seminar*

I-40 to Exit 50. Head North on Hendersonville Road to intersection with Route 25 (McDowell Street). Take a left on Route 25 to Intersection with Victoria Road. Take a left onto Victoria Road to the Administration Building.

#### **CATAWBA VALLEY TECHNICAL COLLEGE - HICKORY**

*Thursday, March 6, 1997 - Health Check Seminar*

Take I-40 to exit 125 and go approximately 1/2 mile to Highway 70. Head East on Highway 70 and College is approximately 4 miles on the right.

#### **RAMADA INN, BURLINGTON**

*Tuesday, March 11, 1997 - Health Check Seminar*

I-40 to Exit 143. At the first stoplight make a left on Ramada Road. The Ramada Inn is located at the top of the hill.

#### **WAKE MEDICAL MEI CONFERENCE CENTER - RALEIGH**

*Wednesday, March 12, 1997 - Health Check Seminar*

*Monday, March 17, 1997 - DME Seminar*

Take the I-440 Raleigh beltline to New Bern Avenue, Exit 13A. Go toward Wake Medical Center on New Bern Avenue and at the stoplight at Sunnybrook Road, turn left. At Wakefield Shopping Center, turn left and park in the shopping center parking lot. Parking is free. Walk back to New Bern Avenue up the sidewalk in front of the Wake County Department of Health and stay on the sidewalk until it leads you to the Medical Education Institute. Enter the building at the far left Conference Center Entrance and follow the signs to your classroom.

#### **FAYETTEVILLE AREA HEALTH EDUCATION CENTER, FAYETTEVILLE**

*Thursday, March 13, 1997 - Health Check Seminar*

I-40 to I-95/301 Business. Take the first Fayetteville/Ft. Bragg Exit (Exit 56) to Owen Drive (approximately 8.6 miles) Turn onto Owen Drive and go approximately 4.5 miles. Turn right at light into FAHEC parking lot or go to next right (Terry Circle) and turn into bigger FAHEC parking lot. Go to 2nd floor Medical Training Auditorium.

#### **HOLIDAY INN - WILMINGTON**

*Wednesday, March 19, 1997 - Health Check Seminar*

*Thursday, March 6, 1997 - DME Seminar*

I-40 East into Wilmington to Highway 17 - just off of I-40. Turn right onto Market Street and Holiday Inn is located on the right.

#### **MARTIN COMMUNITY COLLEGE, WILLIAMSTON**

*Thursday, March 20, 1997 - Health Check Tuesday, March 11, 1997 - DME Seminar*

Take Highway 64 into Williamston. College is approximately 1-2 miles west of Williamston. The auditorium is located in building 2.

#### **COMFORT SUITES - LUMBERTON**

*Tuesday, March 25, 1997 - Health Check Seminar*

I-95 to exit 22 and go North on US 301. Take a left onto Wintergreen Drive, and you will pass the Holiday Inn and the Hampton Inn. Comfort Inn Suites is located behind them. Signs will be posted with room locations.

#### **RAMADA INN AIRPORT CENTRAL, CHARLOTTE**

*Wednesday, March 19, 1997 - DME Seminar*

I-77 to exit 7. Ramada Inn is located right off I-77 on Clanton Road. Signs will be posted with room locations.

#### **HOLIDAY INN NORTH - COLISEUM, WINSTON-SALEM**

*Wednesday, March 26, 1997 - DME Seminar*

I-40 Business to Cherry Street Exit. Continue on Cherry Street for 2-3 miles. Get in the left hand turn lane and make a left at IHOP Restaurant. The Holiday Inn is located behind the IHOP Restaurant.

### Checkwrite Schedule

February 4, 1997  
February 11, 1997  
February 20, 1997

March 4, 1997  
March 11, 1997  
March 18, 1997  
March 27, 1997

April 8, 1997  
April 15, 1997  
April 24, 1997

### Electronic Cut-Off Schedule \*

January 31, 1997  
February 7, 1997  
February 14, 1997

February 28, 1997  
March 7, 1997  
March 14, 1997  
March 21, 1997

April 4, 1997  
April 11, 1997  
April 18, 1997

\* *Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite as paid, denied, or pended. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite as paid, denied, or pended following the transmission date.*

\_\_\_\_\_  
Paul R. Perruzzi, Deputy Director  
Division of Medical Assistance  
Department of Human Resources

\_\_\_\_\_  
James R. Clayton  
Executive Director  
EDS

**Bulk Rate**  
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